

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 576448

FILING DATE

10/20/04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2					
4	2					
5	2					
6	2					
7	1					
8	1					
9	1					
10	1					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	1		1			
19	1					
20	1					
21						
22	4					
23	4					
24	0					
25	1		1			
26	1					
27	2					
28	0					
29	0					
30	0					
31	0					
32	0					
33	0					
34	0					
35	0					
36	0					
37	1					
38	1					
39						
40	0					
41	1		1			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.		←	36	←		←
TOTAL CLAIMS			41			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS			41		↓	←